

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001004

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 19

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Washington

Length of stay in 1b

42 yrs.

c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Francis Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Franklin

c. CITY
OR
TOWN

Washington

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

541 W. Second St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

James B. Fitzpatrick

4. DATE OF DEATH

Jan. 30, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐
Widowed ☐
Divorced ☐

8. DATE OF BIRTH

9/22/1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY

Int. Shoe Factory

11. BIRTHPLACE (City and state or country)

Coryle, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Dennie Fitzpatrick

13b. MOTHER'S MAIDEN NAME

Addie Briggs

13c. NAME OF HUSBAND OR WIFE

Gene Fitzpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, or no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

88-111111

17. ADDRESS

88 Gene Fitzpatrick, Washington, Mo.

18. CAUSE OF DEATH (Enter only one cause or

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart disease, hypertension

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial infarction

DUE TO (c)

Arteriosclerotic myocarditis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12/31/62

to 1/30/63

and last saw him alive on 1/29/63

Death occurred at

5:25 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. H. Vitt

22b. ADDRESS

Washington Mo

22c. DATE SIGNED

1/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Shiloh Cemetery

23d. LOCATION (City, town, or county)

Shiloh, Missouri

24. FUNERAL DIRECTOR

J. H. Vitt

ADDRESS

Washington, Mo

25. DATE RECD. BY LOCAL REG.

1/31/63

26. REGISTRAR'S SIGNATURE

Leola R. Hushman

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0365

2 0365

3

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9 420.1

10

11

12 2-0

13 5-0

FEB 8 1963

DE 7 766

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address

Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.